

**Application for
WATER & SEWERAGE
SYSTEM
RESIDENTIAL**



Office Use Only

W&S/ EH A/P # _____
W&S Account # _____
Received By: _____ Date: _____
Building A/P # _____

Calvert County Department of Public Works, Water & Sewerage Division, 205 Main Street, Floor 1, Prince Frederick, MD 20678
(410) 535-1600 (301) 855-1243

Property Owner Information	Name: _____					<input type="checkbox"/> Non-Profit Organization	
	Phone: _____		Mobile #: _____		E-mail: _____		
	Mailing Address: _____			City: _____		State: _____	Zip: _____
Property Location Information	Town: _____		Town Center: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lot Size or Acreage: _____		
	Subdivision Name: _____						
	District <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	<input type="checkbox"/> North Beach – Within Town Limits		<input type="checkbox"/> Chesapeake Beach – Within Town Limits			
	<input type="checkbox"/> Private Community (Name: _____)						
	Premise Address: _____			City: _____		State: _____	Zip: _____
Directions to site from Courthouse: _____							
Additional Property Information	<i>Tax ID#, Map, Parcel, Block, Lot, and Section can be found on-line at Maryland Real Property Data Search</i>						
	Tax ID# _____		Map _____	Parcel _____	Block _____	Lot _____	Section _____
	County Project <input type="checkbox"/> Yes <input type="checkbox"/> No		Water Category W - _____		Sewer Category S - _____		
	WATER: <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.) <input type="checkbox"/> Well SEWER: <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.) <input type="checkbox"/> Septic Tank						
Billing Information	Name: _____						
	Mailing Address: _____			City: _____		State: _____	Zip: _____
	Phone: _____		Mobile #: _____		E-mail: _____		
PROPOSED PROJECT INFORMATION							
DESCRIPTION OF PROPOSED WORK: _____							
PROPOSED Sq. Ft.: _____				EXISTING Sq. Ft.: _____			
APPLICATION TYPE							
<input type="checkbox"/> Site Plan <input type="checkbox"/> Public Works Agreement <input type="checkbox"/> PUPP Agreement <input type="checkbox"/> Building							
NEW CONSTRUCTION							
PROPOSED TYPE OF WORK:							
<input type="checkbox"/> Add to Existing Structure <input type="checkbox"/> Demolition of Structure <input type="checkbox"/> New <input type="checkbox"/> Replace Existing Structure <input type="checkbox"/> Other _____							
TYPE OF PROPOSED STRUCTURE:							
<input type="checkbox"/> Accessory Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Low-Rise Apartment/Condo <input type="checkbox"/> Modular <input type="checkbox"/> Residential Addition							
<input type="checkbox"/> Res. Accessory Structure <input type="checkbox"/> SF Attached/Detached Dwelling <input type="checkbox"/> Town House <input type="checkbox"/> Other _____							
TYPE OF PROPOSED ADDITION:							
<input type="checkbox"/> Attached Garage <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____							
TYPE OF PROPOSED ACCESSORY STRUCTURE: <input type="checkbox"/> Garage / Workshop <input type="checkbox"/> Shed / Pole Barn <input type="checkbox"/> Pool [Gallons _____]							
<input type="checkbox"/> Apartment <input type="checkbox"/> Other _____							
PROPOSED EXTERIOR INSTALLATION: <input type="checkbox"/> Irrigation System <input type="checkbox"/> Other _____							
EXISTING: <input type="checkbox"/> N/A		# Kitchens: _____	# Sinks: _____	# Half Baths: _____	# Toilets: _____	# Full Baths: _____	# Bedrooms: _____
PROPOSED: <input type="checkbox"/> N/A		# Kitchens: _____	# Sinks: _____	# Half Baths: _____	# Toilets: _____	# Full Baths: _____	# Bedrooms: _____
<i>I hereby certify that I have read and understood the above requirements; and I have the authority to make this application and the information given is correct. I understand all applicable fees must be paid in full prior to the issuance of a Water & Sewerage Permit. It is further understood Capital Connection fees are non-refundable, non-transferable and are subject to forfeiture if after 2 years from the date of the initial payment the proposed work herein is not completed, minimum user fees and debt service payments will be due.</i>							
SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____					DATE: _____		
PLEASE PRINT NAME: _____							
Phone #: _____		Mobile #: _____		Email: _____			

This application must be signed by the owner or agent, the Water & Sewerage Division, and the Environmental Health Department prior to submittal of the Building Permit Application to the Inspections & Permits Division.

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Calvert County Department of Public Works, Bureau of Utilities, Water & Sewerage Division:

Approved by: _____ Date _____ # Cap. Connections Assessed: _____

Calvert County Health Department, Division of Environmental Health:

County Health Officer: _____ Date: _____